

REE SMITH SHAW & MCCLAY LLP

Writer's Direct Numbers:
Phone 412-288-4192
Fax 412-288-3063
ramiller@rsm.com

435 Sixth Avenue
Pittsburgh, Pennsylvania 15219-1886
Phone: 412-288-3131
Fax: 412-288-3063

USPTO Mailing Address:
P.O. Box 488
Pittsburgh, PA 15230-0488

GAU
1614

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



re Application of:

KAESEMEYER, Wayne H.

Serial No.: 08/833,842

Filed: April 10, 1997

Art Unit: 1614

Examiner: D.C. Jones

Docket No.: 97-092-US

**METHOD AND FORMULATION FOR
TREATING VASCULAR DISEASE**

Pittsburgh, Pennsylvania 15230

Assistant Commissioner for Patents
BOX NON-FEE AMENDMENT
Washington, D.C. 20231

RECEIVED
MAY 11 1998

MAINTENANCE
SERVICE CENTER

Sir:

Transmitted herewith is an Amendment and Response to Office
Action in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to
the outstanding Office Action. A Petition for an
extension of time is enclosed.

OR

- ☒ In the event that an extension of time is required,
this conditional petition is being made to provide for
the possibility that applicant has inadvertently
overlooked the need for a petition and fee for
extension of time.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being

MAILED

☒ deposited with the United States Postal Service on May 5, 1998
with sufficient postage as first-class mail in an envelope addressed
to the: Assistant Commissioner for Patents, Washington,
D.C. 20231.

FACSIMILE

☐ transmitted by facsimile on [date] to the U.S. Patent and
Trademark Office.

Jody L. Burner

Type Signature Name

(Signature of person mailing paper or fee)

(Signature of person mailing paper or fee)

Harrisburg, PA McLean, VA Newark, NJ New York, NY Philadelphia, PA Princeton, NJ Washington, DC

2. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
3. ☐ A verified statement to establish Small Entity status is enclosed.
4. ☒ Also enclosed: Associate Power of Attorney.
5. ☒ No fee for extra claims is required.
6. ☐ The fee for extra claims has been calculated as shown below:

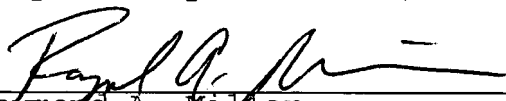
Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Extra Present (Col.3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
			RATE	FEE	RATE	FEE
Total Claims	-	** = *	X \$ 11	= \$	OR X \$ 22	= \$
Ind. Claims ***	-	= *	X \$ 41	= \$	OR X \$ 82	= \$
<input type="checkbox"/> Multiple Dependent Claim Presented			+ \$135	= \$	OR + \$270	= \$
			<u>TOTAL</u>	= \$	<u>TOTAL</u>	= \$

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.
 *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

7. ☐ Applicant encloses herewith a check for \$[Amount] to cover the extra claims fee.
8. ☐ The Commissioner is authorized to charge the \$[Amount] filing fee to Deposit Account No. 18-0582.
9. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 18-0582. A duplicate copy of this communication is attached.

Respectfully submitted,

Dated: May 5, 1998


 Raymond A. Miller
 Reg. No. P-42,891

REED SMITH SHAW & MCCLAY LLP
 Box 488
 Pittsburgh, PA 15230
 (412) 288-4192

Attorneys for Applicant